

OCT 25 2004

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FORM

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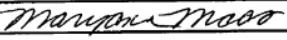
13

Application Number	09/900,843
Filing Date	July 5, 2001
First Named Inventor	Amrit Nayyar et al.
Art Unit	1743
Examiner Name	Jill Alice Warden
Attorney Docket Number	105428

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Remarks		

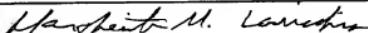
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	UOP LLC		
Signature			
Printed name	Maryann Maas		
Date	October 25, 2004	Reg. No.	38,954

CERTIFICATE OF TRANSMISSION/MAILING

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**FEE TRANSMITTAL
for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Jill Alice Warden
	Art Unit	1743
TOTAL AMOUNT OF PAYMENT	(\$)	110

TOTAL AMOUNT OF PAYMENT

(S) 110

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> No
Deposit Account:				
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EEG CALCULATION

1 BASIC FILING EFF

Large Entity	Small Entity	Fee	Fee Description	Fee Paid
Code (\$)	Code (%)			
1001 700	2001 395		Utility filing fee	
1002 350	2002 175		Design filing fee	
1003 550	2003 275		Plant filing fee	
1004 790	2004 395		Reissue filing fee	
1005 160	2005 80		Provisional filing fee	

SUBTOTAL (1) (\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Pa
Total Claims	<input type="text"/> -2** = <input type="text"/>	X <input type="text"/> 18	= <input type="text"/>
Independent Claims	<input type="text"/> - 3** = <input type="text"/>	X <input type="text"/> 88	= <input type="text"/>
Multiple Dependent			

1

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>
<u>Fee Code</u>	<u>Fee Code (\$)</u>	
1202 t8	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not pal
1204 88	2204 44	** Release independent claims over original patent
1205 t8	2205 9	** Release claims in excess of 20 end over original patent

NETTOTAL (2) **(S) 0**

888-212-1212 (S)

SUBMITTED BY _____ (Complete if applicable)
Name (Print/Type) Maryann Maas Registration No. (Attorney/Agent) 38,954 Telephone 847-391-2137
Maryann Maas _____ Date October 25, 2004

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